

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Francis Philip RTH  
Office of the Attorney General  
15th Fl., Strawberry Sq.  
Harrisburg, PA 17120

2. Article Number (Copy from service label)

7000 0600 0027 5713 3324

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

JUL 31 2001

C. Signature

X *[Signature]* ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

JUDGE'S COPY

FILED  
HARRISBURG, PA

AUG 07 2001

MARY E. D'ANDREA, CLERK  
Per *[Signature]*

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

James W. Meyers  
Superintendent  
Sci Rockview  
Box A  
Beaufort, PA 16823

Article Number (Copy from service label)

7000 0600 0027 5713 3348

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Dretta Andrews 7-17-01

C. Signature

X *[Signature]* ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1-CV-01-1251  
Show Cause  
order  
J. Andrews

## SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Michael Fisher, PA Atty. General  
Office of the Atty. General  
15th Floor, Strawberry Sq.  
Harrisburg, PA 17120

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

JUL 30 2001

C. Signature

X *[Signature]* ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)

7000 0600 0027 5713 3331